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POWER OF ATTORNEY  and  CORRESPONDENCE ADDRESS  INDICATION FORM	Application Number	10/604.504
	Filing Date	JULY 25, 2003
	First Named Inventor	CLARK C. DAVIS
	Title	Medical Device for Navigation
	Art Unit	3736
	Examiner Name	ANURADHA ROY
	Attorney Docket Number	1001.1869101

	Andries Docker Number	1001,1869101	
I hereby revoke all previous powers of attorney gi	ven in the above-identified a	pplication.	
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\$13 (LATURE of Applicant or Assignee of Record			
Signature Start Alaman Signature		Date NOVEMBER 23, 2005	
Name Steven A. McAuley		Telephone 763, 194, 2425	
Title and Company 11:5,5tant Secretary Parte of Council.			
NOTE. Signatures of all the invantors or exsignees of record-of the limits interest or their representative(s) are required. Submit multiple forms if more than one aignature is required, see below.			
*Total offorms are aubmitted.			

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